

PART B - FEE(S) TRANSMITTAL

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7590 10/07/2004

HANCOCK & ESTABROOK, LLP
1500 MONY Tower I
PO Box 4976
Syracuse, NY 13221-4976
01/11/2005 SMINASS2 00000040 501546 10053103

01 FC:1504 300.00 DP
02 FC:2501 15.00 DA 685.00 OP

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Sue Denny	(Depositor's name)
<i>Sue Denny</i>	(Signature)
<i>1/5/05</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,103	01/17/2002	Peter Lockhart	163P008	1786

TITLE OF INVENTION: ERYTHEMA MEASURING DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$300	\$985	01/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ASSOUAD, PATRICK J	2857	702-076000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Charlotte-Mecklenburg Hospital

Charlotte, NC

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name George R. McGuire

Date 1/5/05

Registration No. 36603

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